PTO/SB/17 (01/06)
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Complete if Known
10/559,643
December 2, 2005
Jill MacDonald Boyce
James A. Thompson
2625

Complete if Known		
Application Number	10/559,643	
Filing Date	December 2, 2005	
First Named Inventor	Jill MacDonald Boyce	
Examiner Name	James A. Thompson	
Art Unit	2625	
Attomey Docket No.	PU040104	
	Filing Date First Named Inventor Examiner Name Art Unit	

METHOD OF PAYMENT (c	heck all that a	oply) CUSIO	MEK NUM	BER: 24498				
☐ Check ☐ Cre	edit card	☐ Money Or	der	☐ None	Other (ple	ease identify):		
☐ Charge fee ☐ Charge an fee(s) under 3 WARNING: Information Information and authori	ntified depose e(s) indicat ny additiona 37 CFR 1.1 on this form zation on PT	sit account, the E ted below al fee(s) or und 6 and 1.17 may become pub 0-2038.	Director is here	of Credit any	eck all that app e(s) indicated overpaymen t be included on	ly) below, <b>excep</b> ts this form. Provi	CENSING LLC t for the filing fee	
FEE CALCULATION	(All the fee	s below are due	upon filing o	or may be subject to	a surcharge.)			
1. BASIC FILING, SEA	FILING, SEARCH, AND EXAMINATION FILING FEES Small Entity			RCH FEES  Small Entity	EXAMINA	MINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	EES					Small E	Entity	
Fee Description					Fe	ee (\$)	Fee (\$)	
Each claim over 20 (inclu	ding Reissue	s)				50	25	
Each independent claim of	over 3 (includi	ng Reissues)				00	100	
Multiple dependent claims		4 01-1	Fac (6)	For Dold (\$)	_	60 ultiple Depende	180	
Total Claims	or HP =	<u>xtra Claims</u> x	Fee (\$)	Fee Paid (\$)	_	ee (\$)	Fee Paid (\$)	
HP = highest number of to	_		***************************************			<u></u>	<u> </u>	
Independent Claims	<u>E</u> r HP =	xtra Claims x	Fee (\$)	Fee Paid (\$)				
HP = highest number of it								
3. APPLICATION SIZ								
If the specification and	drawings e	xceed 100 shee	ts of paper (ex	cluding electronically	filed sequence	or computer		
listings under 37 CFR sheets or fraction then	1.52(e)), the eof. See 35	e application size U.S.C. 41(a)(1)(	e fee due is \$2 G) and 37 CFf	50 (\$125 for small en R 1.16(s).	tity) for each a	dditional 50		
Total Sheets	Extra SI	neets <u>Nu</u>	ımber of each	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =		/ 50 =	(ro	und <b>up</b> to a whole nu	mber) x			
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specifica	tion, \$130 f	ee (no small enti	ty discount)					
Other (e.g., late filing				IRE STATEMENT	FEE: \$180.0	0	\$180.00	

SUBMITTED BY					
Name (Print/Type)	GUY H, ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature	By X G	~			June 14, 2010

This collection of information is required by 37 CFQ 1.36. The information is required to obtain or retain 8 benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFQ 1.14. This Pollection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

O HEARTH C		CVVIT	ΤΛΙ	Application Number	10/559,643		
	复 for FY 2007			Filing Date	December 2, 2005		
<b>(5)</b>				First Named Inventor	Jill MacDo	nald Boyce	
N 1 6 2010 ()				Examiner Name	James A.	Thompson	
Applicant clain	ns small enti	ty status. See 3	7 CFR 1.27	Art Unit	2625		
CITOTAN AMOUNT C	DE PAYMEN'	r (\$) \$180	.00	Attorney Docket No.	PU040104		
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FEE CALCULATION	(All the fees	below are due	upon filing or	r may be subject to a	surcharge.)	·	
1. BASIC FILING, SE	EARCH, AND FILING F			CH FEES Small Entity	EXAMINA <sup>*</sup>	TION FEES Small E	ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F Fee Description Each claim over 20 (incle Each independent claim Multiple dependent claim Total Claims	luding Reissues ı over 3 (includii ns		Fee (\$)	<u>Fee Paid (\$)</u> =	5 20 36 <b>M</b> ul	=	Fee (\$) 25 100 180
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